

*[Handwritten signature]*

FERENCE & ASSOCIATES LLC

Atty. Docket No. YOR920030542US1  
(590.124)



Amendment Transmittal

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of : Churchill et al.  
Serial No. : 10/790,343 Examiner : G. Arthur Jeanglaude  
Filed : February 29, 2004 Group Art Unit : 3661  
For : DRIVER SAFETY MANGER

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on August 6, 2007.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)

*[Handwritten signature of Stanley D. Ference III]*  
(Signature of person mailing paper or fee)

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5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

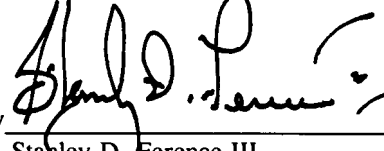
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY	
				RATE	FEE			RATE	FEE
Total Claims	24	** 26	= * 0	x \$25	=	OR	x	\$50	=
Ind. Claims	6	*** 6	= * 0	x \$100	=	OR	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	OR	+	\$360	=
				TOTAL	= \$ _ _ _	OR		TOTAL	= \$ _ _ _

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$ \_ \_ \_ \_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$ \_ \_ \_ \_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

ERENCE & ASSOCIATES LLC

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: August 6, 2007

Mailing Address:

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